

Fill	in this information to identify	our case:								
Del	otor 1 Lynne	Dougherty								
	otor 2									
Uni	ted States Bankruptcy Court	for the: EASTERN DISTRICT	T OF PEN	NSYLVANIA						
Cas	se number 15-15980				Ched	ck if this is:				
(If known)						■ An amended filing				
						A supplement showing postpetition chapter 13 income as of the following date:				
0	fficial Form 106l				Ī	// JM / DD/ Y	YYY			
S	chedule I: Your	Income						12/15		
atta		d your spouse is not filing w form. On the top of any addit ment								
1.	Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spouse				
	If you have more than one job,		■ Em	■ Employed			☐ Employed			
	attach a separate page with information about additional	• •	☐ Not employed			☐ Not employed				
	employers.	Occupation	Marke	eting						
	Include part-time, seasonal, self-employed work.	or Employer's name	Cova Servi	nce Market Access ce						
	Occupation may include stu or homemaker, if it applies.	dent Employer's address	3301 Kinisman Blvd. Madison, WI 53704							
		How long employed	How long employed there? 8 mos			_				
Pai	t 2: Give Details Abou	it Monthly Income								
	mate monthly income as of use unless you are separated	the date you file this form. If	f you have	nothing to report for an	y line, wri	te \$0 in the	space. Inclu	de your non-filing		
	ou or your non-filing spouse ha e space, attach a separate sh	eve more than one employer, control that the total area of the state o	combine th	ne information for all em	ployers fo	r that perso	on on the line	s below. If you need		
					For De	btor 1	For Debto non-filing			
2.		, salary, and commissions (both), calculate what the month			\$ 7	,308.00	\$	N/A		

Official Form 106I Schedule I: Your Income page 1

0.00

7,308.00

\$

+\$

\$

N/A

N/A

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

Deb	tor 1	Lynne Dougherty	_	Case	number (if known)	15-15980				
	0	nu line A hour	4		Debtor 1	For Debto	spouse			
	Cop	by line 4 here	4.	\$_	7,308.00	\$	N/A			
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$_	1,912.00	\$	N/A			
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	N/A			
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	N/A			
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d. 5e.	\$_ \$	0.00 126.00	\$	N/A N/A			
	5f.	Domestic support obligations	5f.	\$ ⁻	0.00	\$	N/A			
	5g.	Union dues	5g.	\$_	0.00	\$	N/A			
	5h.	Other deductions. Specify:	5h.+	\$_	0.00	+ \$	N/A			
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	2,038.00	\$	N/A			
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	5,270.00	\$	N/A			
8.	List 8a.	t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a.	\$_	0.00	\$	N/A			
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A			
	8c.	Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A			
	8d.	Unemployment compensation	8d.	\$_	0.00	\$	N/A			
	8e.	Social Security	8e.	\$_	0.00	\$	N/A			
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	ce 8f.	\$	0.00	\$	N/A			
	8g.	Pension or retirement income	8g.	\$_	0.00	\$	N/A			
	8h.	Other monthly income. Specify: 2014 Proportionate Tax Refund	8h.+	\$	563.83	+ \$	N/A			
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	563.83	\$	N/A	<u> </u>		
10.	Cal	culate monthly income. Add line 7 + line 9.	10. \$		5,833.83 + \$	N/A	A = \$	5,833.83		
		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			5,000.00	147	<u> </u>	0,000.00		
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00									
10	٨٨٠	I the amount in the last column of line 10 to the amount in line 11. The re	ooult is #	20.05	mbined mentle le	incomo				
12.		te that amount on the Summary of Schedules and Statistical Summary of Cert			,		. \$	5,833.83		
							Combin			
13.		you expect an increase or decrease within the year after you file this form	n?				montnly	y income		
		Yes. Explain:								

Official Form 106I Schedule I: Your Income page 2